

OCT/14/2016/FRI 01:48 PM

FAX No.

P. 001/004

10/14/2016

Division of Corporations

**L16000254770**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AC 2000 SOLUTIONS, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

D. SCOTT Help  
OCT 17 2016

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AC 2000 SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L16000152413

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7300 W MCNAB RD SUITE 214

TAMARAC FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7300 W MCNAB RD SUITE 214

TAMARAC FL 33321

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NESTOR E PINZON

New Registered Office Address:

7300 W MCNAB RD SUITE 214

*Enter Florida street address*

TAMARAC

Florida

*City*

33321

*Zip Code*

New Registered Agent's Signature. If Changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>           | <u>Type of Action</u>                   |
|--------------|--------------------|--------------------------|-----------------------------------------|
| AMBR         | PENA G EDWIN S     | 7300 W MCNAB RD SUIT 214 | <input checked="" type="checkbox"/> Add |
|              |                    | TAMARAC FL 33321         | <input type="checkbox"/> Remove         |
|              |                    |                          | <input type="checkbox"/> Change         |
| AMBR         | OROPEZA A ROBERT J | 7300 W MCNAB RD SUIT 214 | <input checked="" type="checkbox"/> Add |
|              |                    | TAMARAC FL 33321         | <input type="checkbox"/> Remove         |
|              |                    |                          | <input type="checkbox"/> Change         |
| AMBR         | CARLOS M RESTREPO  | 7300 W MCNAB RD SUIT 214 | <input checked="" type="checkbox"/> Add |
|              |                    | TAMARAC FL 33321         | <input type="checkbox"/> Remove         |
|              |                    |                          | <input type="checkbox"/> Change         |
| MGR          | NESTOR E PINZON    | 7300 W MCNAB RD SUIT 214 | <input checked="" type="checkbox"/> Add |
|              |                    | TAMARAC FL 33321         | <input type="checkbox"/> Remove         |
|              |                    |                          | <input type="checkbox"/> Change         |
|              |                    |                          | <input type="checkbox"/> Add            |
|              |                    |                          | <input type="checkbox"/> Remove         |
|              |                    |                          | <input type="checkbox"/> Change         |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

E. Effective date, if other than the date of filing: 10/16/2016 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated

10/16/2018

Signature of a member or authorized representative of a member

ANDRES H GOMEZ

Typed or printed name of signer

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OCT 14 AM 9:25  
16  
SECRETARY OF STATE  
TREASURY  
on the earlier of: